

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.03911791 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 983,568.56 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 983,568.56 |
| YTD Amount: | \$ | 983,568.56 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00010612 |

| | | |
|--|----|----------|
| Gross Claim | \$ | 2,668.25 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,668.25 |
| YTD Amount: | \$ | 2,668.25 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00132860 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 33,405.91 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 33,405.91 |
| YTD Amount: | \$ | 33,405.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00893807 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 224,736.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 224,736.05 |
| YTD Amount: | \$ | 224,736.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00136297 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 34,270.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 34,270.09 |
| YTD Amount: | \$ | 34,270.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00106887 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 26,875.33 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 26,875.33 |
| YTD Amount: | \$ | 26,875.33 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.02011996 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 505,890.01 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 505,890.01 |
| YTD Amount: | \$ | 505,890.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00127154 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 31,971.21 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 31,971.21 |
| YTD Amount: | \$ | 31,971.21 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00494732 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 124,393.87 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 124,393.87 |
| YTD Amount: | \$ | 124,393.87 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.02544470 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 639,773.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 639,773.62 |
| YTD Amount: | \$ | 639,773.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

GLENN COUNTY TREASURER

P O BOX 151

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00122313 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 30,754.00 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 30,754.00 |
| YTD Amount: | \$ | 30,754.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00862799 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 216,939.50 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 216,939.50 |
| YTD Amount: | \$ | 216,939.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00880356 |

| | | |
|--|----|------------|
| Gross Claim | \$ | 221,353.97 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 221,353.97 |
| YTD Amount: | \$ | 221,353.97 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00165903 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 41,714.13 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 41,714.13 |
| YTD Amount: | \$ | 41,714.13 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01721219 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 432,777.95 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 432,777.95 |
| YTD Amount: | \$ | 432,777.95 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00445852 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 112,103.64 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 112,103.64 |
| YTD Amount: | \$ | 112,103.64 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|------------------|---------------------------|------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00199460 |

| | | |
|--|----|-----------|
| Gross Claim | \$ | 50,151.60 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 50,151.60 |
| YTD Amount: | \$ | 50,151.60 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00134019 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 33,697.32 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 33,697.32 |
| YTD Amount: | \$ | 33,697.32 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|------------------|---------------------------|------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.31055683 |

| | | |
|---|----|---------------------|
| Gross Claim | \$ | 7,808,544.34 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 7,808,544.34 |
| YTD Amount: | \$ | 7,808,544.34 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00444444 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 111,749.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 111,749.62 |
| YTD Amount: | \$ | 111,749.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00978122 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 245,935.95 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 245,935.95 |
| YTD Amount: | \$ | 245,935.95 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00071281 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 17,922.67 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 17,922.67 |
| YTD Amount: | \$ | 17,922.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00285164 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 71,700.75 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 71,700.75 |
| YTD Amount: | \$ | 71,700.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00629714 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 158,333.33 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 158,333.33 |
| YTD Amount: | \$ | 158,333.33 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00079121 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 19,893.94 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 19,893.94 |
| YTD Amount: | \$ | 19,893.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00114139 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 28,698.76 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 28,698.76 |
| YTD Amount: | \$ | 28,698.76 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00812079 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 204,186.62 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 204,186.62 |
| YTD Amount: | \$ | 204,186.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00419177 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 105,396.56 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 105,396.56 |
| YTD Amount: | \$ | 105,396.56 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00269975 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 67,881.67 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 67,881.67 |
| YTD Amount: | \$ | 67,881.67 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.06443975 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,620,253.03 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,620,253.03 |
| YTD Amount: | \$ | 1,620,253.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00380642 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 95,707.44 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 95,707.44 |
| YTD Amount: | \$ | 95,707.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00113417 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 28,517.22 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 28,517.22 |
| YTD Amount: | \$ | 28,517.22 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.03289206 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 827,027.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 827,027.72 |
| YTD Amount: | \$ | 827,027.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.03445504 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 866,326.81 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 866,326.81 |
| YTD Amount: | \$ | 866,326.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00159151 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 40,016.43 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 40,016.43 |
| YTD Amount: | \$ | 40,016.43 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.03996868 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,004,960.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,004,960.05 |
| YTD Amount: | \$ | 1,004,960.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN DIEGO COUNTY TREASURER

PO BOX 2920

SACRAMENTO CA 95812 2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.07799922 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,961,188.12 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,961,188.12 |
| YTD Amount: | \$ | 1,961,188.12 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

98514-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.05924516 |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,489,641.87 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,489,641.87 |
| YTD Amount: | \$ | 1,489,641.87 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01529154 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 384,485.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 384,485.72 |
| YTD Amount: | \$ | 384,485.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00459189 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 115,457.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 115,457.05 |
| YTD Amount: | \$ | 115,457.05 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01397274 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 351,326.23 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 351,326.23 |
| YTD Amount: | \$ | 351,326.23 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00838718 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 210,884.64 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 210,884.64 |
| YTD Amount: | \$ | 210,884.64 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.03392573 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 853,018.00 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 853,018.00 |
| YTD Amount: | \$ | 853,018.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00556855 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 140,013.89 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 140,013.89 |
| YTD Amount: | \$ | 140,013.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00771515 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 193,987.33 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 193,987.33 |
| YTD Amount: | \$ | 193,987.33 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00026776 |

| | | |
|---|-----------|-----------------|
| Gross Claim | \$ | 6,732.47 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 6,732.47 |
| YTD Amount: | \$ | 6,732.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00208334 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 52,382.85 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 52,382.85 |
| YTD Amount: | \$ | 52,382.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01114865 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 280,318.19 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 280,318.19 |
| YTD Amount: | \$ | 280,318.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01734410 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 436,094.65 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 436,094.65 |
| YTD Amount: | \$ | 436,094.65 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01168672 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 293,847.25 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 293,847.25 |
| YTD Amount: | \$ | 293,847.25 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00403600 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 101,479.93 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 101,479.93 |
| YTD Amount: | \$ | 101,479.93 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00274331 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 68,976.93 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 68,976.93 |
| YTD Amount: | \$ | 68,976.93 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00117460 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 29,533.78 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 29,533.78 |
| YTD Amount: | \$ | 29,533.78 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01120899 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 281,835.36 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 281,835.36 |
| YTD Amount: | \$ | 281,835.36 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00211074 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 53,071.79 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 53,071.79 |
| YTD Amount: | \$ | 53,071.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.01334317 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 335,496.52 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 335,496.52 |
| YTD Amount: | \$ | 335,496.52 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00370281 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 93,102.30 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 93,102.30 |
| YTD Amount: | \$ | 93,102.30 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00354044 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 89,019.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 89,019.72 |
| YTD Amount: | \$ | 89,019.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00143778 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 36,151.09 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 36,151.09 |
| YTD Amount: | \$ | 36,151.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00644648 |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 162,088.29 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 162,088.29 |
| YTD Amount: | \$ | 162,088.29 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000023A
PAYMENT ISSUE DATE: 9/27/2010

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2010 TO: 9/15/2010

| | | | |
|--------------------------------|-------------------------|---------------------------|-------------------|
| <u>Total amount collected:</u> | \$184,259,827.74 | Percentage of collection: | 0.13645779 |
| Gross monthly apportionment: | \$25,143,688.88 | County/City Ratio: | 0.00212606 |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 53,456.99 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 53,456.99 |
| YTD Amount: | \$ | 53,456.99 |